

GRIEVANT: COMPLETE 1 SET (WHITE, CANARY, PINK) OF THIS FORM, RETAIN PINK COPY FOR YOUR RECORDS AND SUBMIT OTHER COPIES TO IMMEDIATE SUPERVISOR.

	VANCE REPORT		ION TITLE		SOC. SEC. NO.	AGENCY	
		POSITI				AGENO	
WORK ADDRESS			В	BARGAINING AGENT (IF ANY)			
STATE	EMENT OF GRIEVANCE AN	ID RELIEF REQUESTED (INCL	UDING CITATIO	ON OF ALLEGE	D RULE VIOLATIONS):		
		·			·		
	DATE SUBMITTED						
7	DATE OF RESPONSE WE THE UNDERSIGNED HAVE DISCUSSED THIS MATTER ORALLY AND HAVE NOT RESOLVED THE GRIEVANCE.						
STEP				***	END OVER O DIOMATURE		
0,	SUPERVISOR'S SIGNAT	UHE			EMPLOYEE'S SIGNATURE		
	DATE SUBMITTED	RESPONSE OF NEXT HIGH	ER LEVEL SUP	ERVISOR:			
EP 2	DATE OF RESPONSE						
STEP							
					EMPLOYEE'S SIGNATURE		
-	RESPONSE: ACCEPTED REJECTED  DATE SUBMITTED RESPONSE OF MANAGER (WHERE APP			CABLE):			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C, 12_2,			
2a	DATE OF RESPONSE						
EP					1		
ST	RESPONSE:   ACCEPTED   REJECTED						
	MANAGER'S SIGNATURE				EMPLOYEE'S SIGNATURE		
	DATE SUBMITTED	RESPONSE OF AGENCY HE	EAD:				
က	DATE OF RESPONSE						
STEP							
"	RESPONSE: ACCEPTED REJECTED  AGENCY HEAD'S SIGNATURE				EMPLOYEE'S SIGNATURE		
	AGENOT HEAD 3 SIGNATURE						
4	I HEREBY SUBMIT THIS GRIEVANCE TO THE DIRECTOR OF CENTRAL MANAGEMENT SERVICES FOR REVIEW AND FINAL DETERMINATION.						
STEP	DESIGNATED REPRESE	ENTATIVE	T-	DATE	EMPLOYEE'S SIGNATURE		
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